

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 71

Office of Registrar of Vital Statistics.

Ward 1 $\frac{a}{q}$

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

May 28th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catharine Norman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years,

2 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

one year

Place of Death, { Give Street and Number. }

2029 Eastern Av

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia (Acute)

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st German Cemetery.

Date of Burial, May 30th 1887

Undertaker, Wm. Nicolaus

Place of Business, 1745 Alice Av.

John H. Rehberger M. D.

Medical Attendant.

Address, 1709 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 72

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a life illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29
Michael Wilson

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 83 Years, Months, Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Housekeeper
Balt. Co.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, { Give Street and Number. }

1115 Druid Hill Av.

Cause of Death, { First (Primary),

old age

Second (Immediate),

About one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 30th 1887

M. M. Wilson M. D.

Medical Attendant.

Undertaker, Stewart & Brown

Place of Business, 2382 217 Park Ave

Address, 1008 Mat. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Seminars below, and to list of Diseases on back of this page.

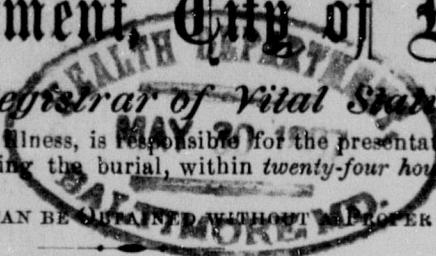
Health Department, City of Baltimore.

Permit No. A 73

Office of Registrar of Vital Statistics. Ward 141

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

29th May 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Woolford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days

Color, cohort

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1649 Hanover St

Cause of Death, { First (Primary). }

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sh. Alphonse

H. W. Omings

Date of Burial, May 31st 1887

M. D.

{ Undertaker, H. W. Omings

Medical Attendant.

{ Place of Business, 1023 W. Baltimore

Address,

1319 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the authorities below, and to the use of discolor on back of this paper.

Health Department, City of Baltimore.

Permit No. A 77

Office of Registrar of Vital Statistics.

Ward

64

The Physician who attended any person in his illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29th

1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Ernest S. Black

Sex, Male or Female, { Cross out the word not required in this line.}

Male

Age, One (1) Years,

Five (5)

Months,

Color,

White

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line.}

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.}

Baltimore, died.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number.}

8 W. Corn. *323 North Ann St. Cor. Orleans

Cause of Death, { First (Primary),

Inflammation of Mesenteric Glands

Second (Immediate),

Marasmus

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 30th 1884

{ Undertaker, John Horning

{ Place of Business, 2008 Orleans

Mrs. H. Glendinen, M. D.

Medical Attendant.

Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

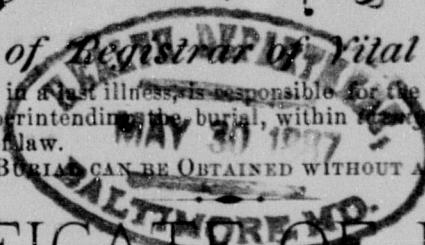
Permit No. A 75

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death,

May 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age, White Years, 9 Months, 1 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } #1554 Pa. Ave Baltimore

Duration of Residence in the City of Baltimore,

9 months

Place of Death, { Give Street and Number. }

#1554 Monroe St Baltimore

First (Primary),

Cause of Death, {

Second (Immediate),

Dentition

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Waverly Cemetery

R. G. Parke

M. D.

Date of Burial, May 30th 1887

Undertaker, J. B. Moultrie & Co.

Medical Attendant.

Place of Business, 1408 Penna Ave

Address,

Waverly

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

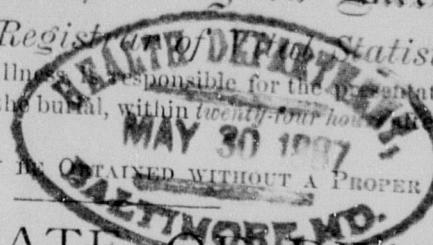
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Board of Health, City of Baltimore,

Permit No. A 764Office of Registrar of DEATH Statistics. Ward 64

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

May 29 1887
John H. Brown Jr.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 74 Years, 0 Months, 0 Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation, farmer

Birthplace, { State or country, and no long in the United States if of foreign birth.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and Number.

Cause of Death, { First, (Primary), old ageSecond, (Immediate), old age

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, BaltimoreDate of Burial, May 31 1887{ Undertaker, Derry & Michael{ Place of Business, North Av 800ft

B. T. Groves
 M. D.

Medical Attendant.

1321 E. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of
 Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 77

Office of Registrar of Vital Statistics.

Ward

10th

The Physician who attended any person in a sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } was not named - Illegitimate - Mother's name

Sex, Male or Female, { Cross out the word not required in this line. } Martha Bland,

Age, 36 hours Years, Months, Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } No. 1 State St.

Duration of Residence in the City of Baltimore, 36 hours.

Place of Death, { Give Street and Number. } No. 1 State St.

Cause of Death, { First (Primary), Premature birth - Second (Immediate), bet. 5-6 months. } ✓

Duration of Last Sickness, 36 hours - ✓

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Level

Date of Burial, May 30

{ Undertaker, John H. Moore

{ Place of Business, 502 Franklin Address, 424 N. Greene St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

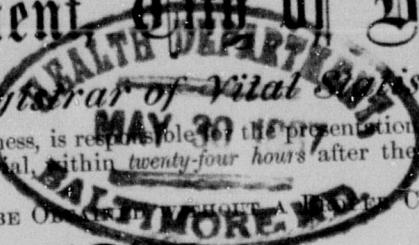
Office of Registrar of Vital Statistics.

Ward 13th

Permit No. A 78

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A VITAL STATISTICS CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 30th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Marie Nielsen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Years, — Months, — Days.

White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Dairymilk - 4 months

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

4 months

Duration of Residence in the City of Baltimore,

University Hospital

Place of Death, { Give Street and Number. }

Tuberculosis Pulmonum

Cause of Death, { First (Primary), Second (Immediate), }

Exhaustion

Five months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

C. K. Mitchell

M. D.

Date of Burial, May 31 1887

Medical Attendant.

{ Undertaker, H. L. Sanders & Son }

Address, University Hospital

{ Place of Business, 1710 Canton St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 79 Office of Registrar of Vital Statistics. Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1887

Full Name of Deceased, Joseph Szarfranski Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male Cross out the word not required in this line.

Age, 3 hours Years, Months, Days.

Color, White

Marital, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, None

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give Street and Number. # 1409 Thames St

Cause of Death, First (Primary), Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 30th 1887

Undertaker, F. Broszkooski

Place of Business, 1732 Alice Street

John A. Steury M. D.
Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John A. De Goy, Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 80

Office of Registrar of Vital Statistics.

Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Berlie Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 6 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester County - Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give Street and Number. } 609 h. Springs St

Cause of Death, { First (Primary), Acute Pneumonia, Second (Immediate), Tuberculosis }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Land Cemetery

Date of Burial, May 30 1887

Undertaker, Wm. L. Dungee

Place of Business, 150 East St

Dr. L. Russell

M. D.

Medical Attendant.

Address, 80 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]